## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together

7590

5514

APPLN TYPE

. applicable fee(s), to: Mail Mail Stop ISSL Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below or directed otherwise in Block. I, by dispectifying a new correspondence address are correspondence address. and or directed otherwise in Block. I, by dispectifying a new correspondence address in the current correspondence address. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

SMALL ENTITY

12/07/2009

Note: A certificate of mailing can only be used for domestic mailings of the Fcc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Feed's Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/11):273-2885, on the date indicated below. FITZPATRICK CELLA HARPER & SCINTO 1290 Avenue of the Americas NEW YORK, NY 10104-3800

> (Depositor's name) (Signature) (Deta)

> > DATE DUE

ATTORNEY DOCKET NO. CONFIRMATION NO FIRST NAMED INVENTOR APPLICATION NO FILING DATE 03500 103091 7265 02/01/2006 Jungo Miyazaki 10/566,751

TITLE OF INVENTION: SYSTEM AND METHOD FOR COUNTING NUMBER OF LAYERS OF MULTILAYER OBJECT BY MEANS OF ELECTROMAGNETIC WAVE

| ALLES THE                                                                                                                                                                                                                                                                                                                            |                   |                    |                                                                                                                                                                                                                                                                                                                               |     |        |                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|------------------------------------|--|
| nonprovisional                                                                                                                                                                                                                                                                                                                       | NO                | \$1510             | \$300                                                                                                                                                                                                                                                                                                                         | \$0 | \$1810 | 03/08/2010                         |  |
| EXAMINER                                                                                                                                                                                                                                                                                                                             |                   | ART UNIT           | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                |     |        |                                    |  |
| ZHU, JOHN X                                                                                                                                                                                                                                                                                                                          |                   | 2831               | 324-644000                                                                                                                                                                                                                                                                                                                    |     |        |                                    |  |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1,353)     Change of correspondence address (or Change of Correspondence Address form PTOS/B1/22) attached.  "Fee Address" indication (or "Fee Address" Indication form PTOS/B4/7, Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                   |                    | For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, atternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is lated, no name will be printed. |     | Harper | Fitzpatrick, Cella Harper & Scinto |  |
| 3. ASSIGNEE NAME                                                                                                                                                                                                                                                                                                                     | AND RESIDENCE DAT | A TO BE PRINTED ON | THE PATENT (print or ty)                                                                                                                                                                                                                                                                                                      | oe) |        |                                    |  |

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Canon Kabushiki Kaisha Tokvo, Japan

ISSUE FEE DUE

Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 individual 🚨 Corporation or other private group entity 🗀 Government

4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. Issue Fee

Payment by credit card, Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (circlose an extra copy of this form)

Advance Order - # of Copies

5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office.

Date February 3, 2010 Authorized Signature / Christopher M. Barkley/ Registration No. 64,329

Typed or printed name Christopher M. Barkley This collection of information is required by 37 CFR 1,311. The information is required to obtain or retain a benefit by the public which is to fit (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is climated to take 12 minutes to complete, including gathering, preparing, and authoriting the completed application from the like DSF 100 Minutes are to the property of the process o

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

2 Publication Fee (No small entity discount permitted)